


University of Iowa
Children's
Hospital
University of Iowa Health Care

Comparing ImPACT to PCIT for Young Children with Autism Spectrum Disorder

Kelly Pelzel, PhD
University of Iowa Hospitals & Clinics
Brooke Ingersoll, PhD
Michigan State University

Changing Medicine. Changing ^{Kids}Lives.




University of Iowa
Children's
Hospital
University of Iowa Health Care

Overview

- What is ImPACT?
- How is it similar to PCIT?
- How is it different from PCIT?
- What can PCIT therapists learn from ImPACT?



Changing Medicine. Changing ^{Kids}Lives.



Some Background

- Kelly's intervention biases:
 - young children
 - evidence-based
 - parent coaching
- Beware Maslow's hammer ("If all you have is a hammer, everything looks like a nail.")
 - PCIT for children with autism spectrum disorders?
- Right intervention to the right family at the right time
 - balanced with the resources available

Changing Medicine. Changing ^{Kids}Lives.

What is ImPACT?

- ImPACT (Improving Parents as Communication Teachers)
 - Manualized EBP curriculum developed by Ingersoll & Dvortcsak (2010).
 - Focuses on teaching & coaching caregivers how to increase social communication skills of young children with autism (ASD).
 - Individual and group/individual formats, with daily practice between sessions.

Changing Medicine. Changing ^{Kids}Lives.

University of Iowa Children's Hospital
University of Iowa Health Care



Project ImPACT research lab website:
psychology.msu.edu/AutismLab/projectimpact.html

Changing Medicine. Changing ^{Kids}Lives.

University of Iowa Children's Hospital
University of Iowa Health Care

Guiding Principles of ImPACT

- Intervention is naturalistic
- Typical developmental sequences should be used to develop treatment goals
- Children learn social communication through affect-laden interactions with responsive caregivers
- Behavioral (applied behavioral analysis; ABA) techniques are useful when teaching skills

Changing Medicine. Changing ^{Kids}Lives.

Core Skills Targeted in ImPACT

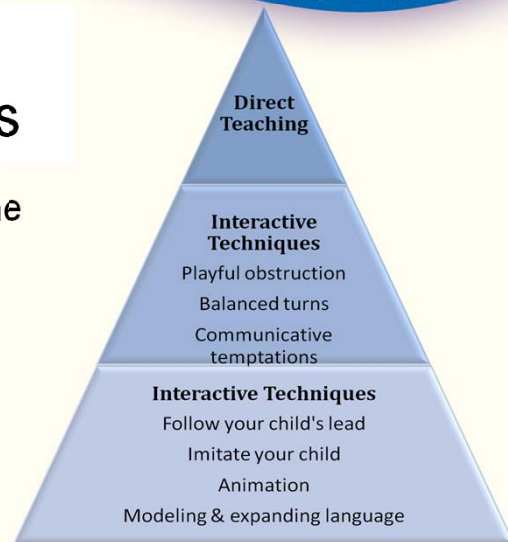
- Social engagement
- Language
- Social imitation
- Play




Changing Medicine. Changing ^{Kids}Lives.

ImPACT Techniques

- Setting Up Home for Success
- Interactive & Direct Techniques
- Putting it All Together




Changing Medicine. Changing ^{Kids}Lives.



University of Iowa
Children's
Hospital
University of Iowa Health Care

How are ImPACT and PCIT similar?

Changing Medicine. Changing ^{Kids} Lives.



University of Iowa
Children's
Hospital
University of Iowa Health Care

Similarities

- ImPACT's Interactive Techniques are much like CDI
 - Child chooses the activity & parent joins, ideally while sitting face to face
 - Avoid questions and commands
 - Imitate child (appropriate behavior & words)
 - Animation (~enjoyment)
 - Model Language (including describing the child's actions)
 - Expand Language (including through reflections)

Changing Medicine. Changing ^{Kids} Lives.



 University of Iowa Children's Hospital


University of Iowa Health Care

What's Missing?

- Labeled praises?
- Selective ignoring?
- Handling dangerous and destructive behavior?



Changing Medicine. Changing ^{Kids}Lives.



 University of Iowa Children's Hospital

University of Iowa Health Care

Major Differences


- PCIT model suggests PRIDE skills alone will facilitate increased social engagement
- ImPACT offers additional techniques to increase likelihood of engagement (when PRIDE-like skills are not enough)
 - Playful obstruction
 - Balanced turns
 - Communication temptations*

Changing Medicine. Changing ^{Kids}Lives.

Major Differences

- Direct techniques (latter phase of treatment) have different focus and different behavioral approach than PDI
 - New skill development rather than compliance training
 - Child initiates, parent prompts (least-to-most supportive), child performs target behavior, parent reinforces (rather PDI sequence)

Example of Direct Teaching Technique



University of Iowa
Children's
Hospital
University of Iowa Health Care

Similarities between Direct Teaching and PDI

- Encouraged to reinforce target behavior with labeled praise (in addition to access to item/activity)
- Receptive language skill prompts in ImPACT are typically the same as direct commands in PCIT
 - Rules for Effective Commands apply

Changing Medicine. Changing ^{Kids}Lives.



University of Iowa
Children's
Hospital
University of Iowa Health Care

3 ImPACT Takeaways for PCIT Therapists

- 1) PRIDE skills work well, but alone they may not be enough to elicit optimal social engagement from a child with ASD.
 - Consider interspersing communication temptations!

Changing Medicine. Changing ^{Kids}Lives.



3 ImPACT Takeaways for PCIT Therapists

- 2) If you have social communication goals as secondary treatment goals, be very sensitive to the child's baseline skills.
- Consider writing intermediate goals and coaching parents on “one step up” from baseline.


Changing Medicine. Changing ^{Kids} Lives.



3 ImPACT Takeaways for PCIT Therapists

- 3) There are usually behavioral techniques more efficient than PDI for teaching a new skill, particularly if it is truly a skill deficit (rather than oppositional behavior).


Changing Medicine. Changing ^{Kids} Lives.



Parent Reflections

- [We] did ImPACT after PCIT. At the time of PCIT we still had a lot to learn about ASD. [My wife] felt PCIT was more helpful to her as a parent. During ImPACT she recognized a lot of the same struggles of other parents, but she felt there was “less new stuff” to take home. Perhaps timing is very important...the sooner parents start PCIT and ImPACT the better I would say. [My son] did not get his diagnosis of ASD until he turned 5.

Changing Medicine. Changing ^{Kids} Lives.



Parent Reflections

- PCIT would have been nearly as effective as it has been without [my son] going through Project ImPACT first. The training that [my husband] and I got with [interactive techniques] also made the transition to PCIT much easier, since we both already had some experience with those skills. The focus on child-led play combined with comments from me on his interests really strengthened the bond I have with him and created a good foundation for ways to identify and focus on behaviors we want to encourage. The attention I give him during CDI, especially the way I use language, makes it much easier to remain positive and less reactive when he has problems with self-control. Since we started PCIT, [my son's] self-control and general compliance with requests, both with his family and other adults, has improved tremendously. He acts less impulsively and seems to be able to focus on requests more easily, so that he carries through much more with fewer reminders to stay on task. He does try to push limits more than I noticed, at least, prior to PCIT. In general he seems more engaged. Project ImPACT seems to use similar techniques for a different purpose, to get the child more engaged and communicative more generally. I think that it did help [my son] use language and social communication more consciously, in that he began to do things like say hello and goodbye more frequently, as well as engage in more parallel play with peers. It's hard to say that these changes were due only to Project ImPACT, because at the same time we were going through it, [my son] was also receiving speech, occupational, and music therapy. But it was very helpful for us to be aware of techniques therapists use, particularly getting feedback on practicing them.

Changing Medicine. Changing ^{Kids} Lives.